

Space Below For Office Use Only

RECEIVED

MAR 1 4 20/6

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(1-45-108, C.R.S.)	I Y CLERK	
Full Name of Committee/Person:		ture	
	As Shown On Registration		
Address of Committee/Person:	6025 J. Quebec, Suite 10	0	
City, State & Zip Code:	Centennial, CO 80111		
Committee Type:	Political Issues		
Name and Address of Financial Institution:		Co 20120	
Email Address:	PMorgan Chase, 57345. Prince, Ltn, stewart meaghen @ comca	tut	
	Mewan I meaghen & comes	DI, Me	
Type of Report	7		
Regularly Scheduled Filing	g.		
Amended Filing. This amend Submit changes or new informat	ds previous report filed on (date)		
Termination Report. (Term	nination Reports MUST Have a Monetary Balance of Zero in Line	5)	
Check this box if this Repo	ort Contains Electioneering Communications Information	on	
Reporting Period Covered: 12/5/13 Through 2/5/16  Declared Total Spending (if applicable) \$  [Art. XXVIII, Sec. 4(1)]			
Declared Total Spending (if app	Date	Date	
Declared Total Spending (if app	Dicable) \$		
Declared Total Spending (if app [Art. XXVIII, Sec. 4(1)]	Date  Dicable) \$  Totals D	Detailed Summary Page	
Declared Total Spending (if apprenticular [Art. XXVIII, Sec. 4(1)]	Totals II of Reporting Period (monetary only)  Totals II  of Reporting Period (monetary only)	Detailed Summary Page	
Declared Total Spending (if apprairs, [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li	Totals I  of Reporting Period (monetary only)  ne 11)  Totals I  \$ 63	Detailed Summary Page	
Declared Total Spending (if appr [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Contributions	Totals I  of Reporting Period (monetary only)  ne 11)  & Beginning Amount (line 1 + line 2)	Detailed Summary Page  2,10  5,00)  7,10	
Declared Total Spending (if approximately [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (liable) 3 Total of Monetary Contributions 4 Total Monetary Expenditures (limited)	Totals I  of Reporting Period (monetary only)  ne 11)  & Beginning Amount (line 1 + line 2)	Detailed Summary Page  12.10  15.00  07.10	
Declared Total Spending (if apprential [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (limited as a contribution of the second as a contribution of	Totals   T	Detailed Summary Page  12.10  15.00  07.10	
Declared Total Spending (if appropriate of ficer (city cler Authorization (Must be completed permissible sources.	Totals Description of Reporting Period (monetary only)  Totals Description of Reporting Period (monetary only)  See Beginning Amount (line 1 + line 2)  See Beginning Amount (line 1 + line 2)  See 19)  See 19)  See 19)  See 19)  See 19)  See 19  S	Detailed Summary Page  12,10  15,00  10,10  10,10  11 a report is filed late.  15 and declare, under is reporting period, porganization, are from	
Declared Total Spending (if apprential [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (limited as a second	Totals Description of Reporting Period (monetary only)  Totals Description of Reporting Period (monetary only)  See Beginning Amount (line 1 + line 2)  See Beginning Amount (line 1 + line 2)  See 19)  See 19)  See 19)  See 19)  See 19)  See 19  S	Detailed Summary Page  12,10  15,00  10,10  10,10  11 a report is filed late.  15 and declare, under is reporting period, porganization, are from	
Declared Total Spending (if appropriate of ficer (city cler Authorization (Must be completed permissible sources.	Totals I  for Reporting Period (monetary only)  for Reporting Period (	Detailed Summary Page  12,10  15,00  10,10  10,10  11 a report is filed late.  15 and declare, under is reporting period, porganization, are from	
Declared Total Spending (if apprential [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (limits) 3 Total of Monetary Expenditures (limits) 4 Total Monetary Expenditures (limits) 5 Funds on Hand at the End of Reservice of Contributions  The appropriate officer (city clear appropriate officer (city clear appropriate)  Authorization (Must be completed appearably of perjury, that to the best of including any contributions received appearable sources.  Print Registered Agent's Name:	Totals I  for Reporting Period (monetary only)  see Beginning Amount (line 1 + line 2)  see Beginning Amount (line 3 - line 4)  see Inc.  see Inc.	Detailed Summary Page  12.10  15.00  10.7.10  10.7.10  11. a report is filed late.  15. and declare, under a reporting period, to organization, are from  15. Date: 23/10/16	
Declared Total Spending (if apprential [Art. XXVIII, Sec. 4(1)]  1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lit) 3 Total of Monetary Expenditures (lit) 5 Funds on Hand at the End of Research The appropriate officer (city cler)  Authorization (Must be completed in penalty of perjury, that to the best of including any contributions received permissible sources.  Print Registered Agent's Name:  Registered Agent's Signature:	Totals I Totals I (of Reporting Period (monetary only) \$ 6.3 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Detailed Summary Page  12.10  15.00  10.7.10  10.7.10  11. a report is filed late.  15. and declare, under a reporting period, to organization, are from  15. Date: 23/10/16	

the wife was also be to be a subject to the

Saturday Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturd Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965) Saturday (1965)

-11

### **DETAILED SUMMARY**

Full Name of Committee/Person: Citizens for Littleton's Future

Current Reporting Period: 12/5/13 Through 2/5/16

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 632.10
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 100.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
.11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 732.10
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ (125,00)
13	Total Contributions (Line 11 + line 12)	\$ 607.10
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 607.10
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 607.10
20	Total Spending (Line 18 + line 19)	\$ 607.10 \$ 607.10

## Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Citizens for Littleton's Future

### WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/I	YPE
1. Date Accepted	4. Name (Last, First): Bullock, Florence
1/5/2016 2. Contribution Amt.	5. Address: 7215 S. Sundown Cir.
\$ 100.00	6. City/State/Zip: Littleton, CO 80120
3. Aggregate Amt. *	7. Description: donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
* For contribution lim	lits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate (III, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art.

XXVIII, Sec. 2(14).

# Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Citizens for Littleton's Future	
PLEASE PRINT/TYPE	
1. Date Expended	4. Name: Thornton, Susain
2. Amount	5. Address: 474 W. Easter Ave.
\$ 74.52 3.Recipient is (optional):	6. City/State/Zip: Littleton, CO 80120
Committee	7. Purpose of Expenditure: 2013 website hosting
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended 5/9/14	4. Name: Alperstein and Covell
2. Amount	5. Address: 1600 Broadway, Suite 900
\$ 11, 20 3.Recipient is (optional):	6. City/State/Zip: Denver, CO 80202
Committee	7. Purpose of Expenditure: Filing w/ Secretary of State
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: Traci Jones
2. Amount	5. Address: 704 W. Belleview Ave, B101
\$ / 7. / 7. 3. Recipient is (optional):	6. City/State/Zip: Englewood CO 80110
Committee	7. Purpose of Expenditure: renewal - website domain name
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: Florence Bullock
2. Amount	5. Address: 7215 S. Sundown Circle
\$ // \$ 3 3.Recipient is (optional):	6. City/State/Zip: Littleton, CO 80129
Committee	7. Purpose of Expenditure: <u>Calculator</u> & tapes
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: Sulsan Thornton
2. Amount	5. Address: 474 W. Easter Ave.
\$ 72.00 3.Recipient is (optional):	6. City/State/Zip: Li Hleton, CO 80120
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: WCDSite Nosting - 2014
Li Non-Committee	☐ Check box if Electioneering Communication

## Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Citizens for Littleton's Future		
PLEASE PRINT/TYPE		
1. Date Expended  1. 4/2016  2. Amount	4. Name: Thomton, Susan	
	5. Address: H7H W. Easter Ave. 6. City/State/Zip: Littleton, CO 80120	
\$ 72.00 3.Recipient is (optional):	V /	
Committee Non-Committee	7. Purpose of Expenditure: We site hosting - 2015	
Tron-committee	☐ Check box if Electioneering Communication	
1. Date Expended	4. Name: Thornton, Susan	
2. Amount	5. Address: 474 W. Easter Ave	
\$ 6.00  3.Recipient is (optional):	6. City/State/Zip: Littlefon, CO 80120	
Committee	7. Purpose of Expenditure: Website hosting - Jan, 2016	
☐ Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended 2 5 16	4. Name: Littleton Leadership Retreat	
2. Amount	5. Address: 474. W. Easter Avenue	
\$ 282,38 3.Recipient is (optional):	5. Address: 474. W. Easter Avenue 6. City/State/Zip: Littleton, CO 80120	
Committee	7. Purpose of Expenditure: Donation	
☐ Non-Committee	☐ Check box if Electioneering Communication	
Date Expended	4. Name:	
2. Amount	5. Address:	
\$ 3.Recipient is (optional):	6. City/State/Zip:	
Committee	7. Purpose of Expenditure:	
Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended	4. Name:	
2. Amount	5. Address:	
\$ 3.Recipient is (optional):	6. City/State/Zip:	
Committee	7. Purpose of Expenditure:	
Non-Committee	☐ Check box if Electioneering Communication	

Colorado Secretary of State Form Rev. 04/13

### Schedule D - Returned Contributions & Expenditures

### **Returned Contributions**

(Previously reported on Schedule A - Contributions accepted and then returned to donors)

4. Name (Last, First):

PLEASE PRINT/TYPE

1. Date Accepted

2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
PLEASE PRINT/TYPE  1. Date Expended	4. Name (Last, First): Comet Press
PLEASE PRINT/TYPE  1. Date Expended	
9/17/07  2. <u>Date Returned</u> 2/4/16	5. Address: 5462 5. Sycamore
3. Amount \$ 125.00	6. City/State/Zip: LHleton, CO 80120 was mistakenly reported as cash 7. Comment (Optional): received when it should have been
Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):

Colorado Secretary of State Form Rev. 04/13